

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002431

1. Entity Name

MALLARD POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

820 TEAL WING DRIVE
ORANGE CITY, FL 32763

Mailing Address

820 TEAL WING DRIVE
ORANGE CITY, FL 32763



03012005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3719251

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTY, THADDEUS
820 TEAL WING DRIVE
ORANGE CITY, FL 32763

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HARTY, THADDEUS
STREET ADDRESS 820 TEAL WING DRIVE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE D
NAME HARTY, MELISSA
STREET ADDRESS 820 TEAL WING DRIVE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE D
NAME DESHAZO, JAMES
STREET ADDRESS 1080 LAMPLIGHTER
CITY-ST-ZIP DELTONA, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000256080
03/08/05-80043-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #